

Please type a plus sign (+) inside this box → [ + ]

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	2149
	<b>First Named Inventor</b>	Armand P. Neukermans
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/ (Unknown)
	<b>Filing Date</b>	(Unknown)
	<b>Group Art Unit</b>	(Unknown)
	<b>Examiner Name</b>	(Unknown)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLEXIBLE, COMPACT, MODULAR FIBER OPTIC SWITCH

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 15 SEP 1999 (15.09.99) as United States Application Number or PCT International

Application Number PCT/US99/21139 and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US99/21139	(09/15/1999)	N/A

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		→	<div style="border: 1px solid black; padding: 5px;">Place Customer Information Here</div>
--	--	---	---

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

<input checked="" type="checkbox"/> Registered practitioner(s) name(s) registration number listed below			
Name	Registration Number	Name	Registration Number
Donald E. Schreiber	29,435		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.


Direct all correspondence to: ☐ Customer Number or Bar Code Label *OR* ☒ Correspondence address below

<b>Name</b>	Donald E. Schreiber						
<b>Address</b>	Donald E. Schreiber A Professional Corporation						
<b>Address</b>	Post Office Box 64150						
<b>City</b>	Sunnyvale			<b>State</b>	<b>CA</b>	<b>ZIP</b>	94088-4150
<b>Country</b>	United States	<b>Telephone</b>	(408) 541-9168		<b>Fax</b>	(408) 541-9258	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))					Family Name or Surname			
Armand P.					Neukermans			
Inventor's Signature							Date	12/14/94
Residence: City	Palo Alto	State	CA	Country	US	Citizenship	US	
Post Office Address	3510 Arbutus Avenue							
Post Office Address								
City	Palo Alt	State	CA	ZIP	94303	Country	US	

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
Approved for use through 8/30/98. OMB 0851-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Timothy G.					Slater				
Inventor's Signature					12/14/99		Date	12/14/99	
Residence: City	San Francisco	State	CA	Country	US	Citizenship	US		
Post Office Address	3715 Folsom St.								
Post Office Address									
City	San Francisco	State	CA	ZIP	94110	Country	US		

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Tyler L.					Baughman				
Inventor's Signature					12/14/99		Date		
Residence: City	Campbell	State	CA	Country	US	Citizenship	US		
Post Office Address	401 Harrison Avenue								
Post Office Address									
City	Campbell	State	CA	ZIP	95088	Country	US		

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
James P.					Downing				
Inventor's Signature					12/17/99		Date	12/17/99	
Residence: City	Saratoga	State	CA	Country	US	Citizenship	US		
Post Office Address	5084 Gypsy Hill Rd.								
Post Office Address									
City	Saratoga	State	CA	ZIP	95070	Country	US		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

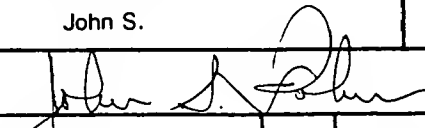
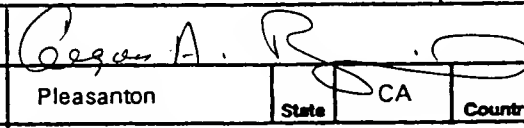
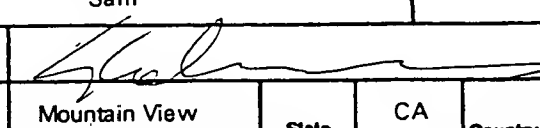
001021-9902260

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))					Family Name or Surname				
John S.					Forker				
Inventor's Signature					Date	12/14/99			
Residence: City	Palo Alto	State	CA	Country	US	Citizenship	US		
Post Office Address	356 Kingsley Ave.								
Post Office Address									
City	Palo Alto	State	CA	ZIP	94301	Country	US		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))					Family Name or Surname				
Gregory A.					Reznick				
Inventor's Signature					Date	12/14/99			
Residence: City	Pleasanton	State	CA	Country	US	Citizenship	US		
Post Office Address	1805 Brooktree Way								
Post Office Address									
City	Pleasanton	State	CA	ZIP	94566	Country	US		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))					Family Name or Surname				
Sam					Calmes				
Inventor's Signature					Date	12/14/99			
Residence: City	Mountain View	State	CA	Country	US	Citizenship	LU		
Post Office Address	2250 Latham Street, Apt. 10								
Post Office Address									
City	Mountain View	State	CA	ZIP	95070	Country	US		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


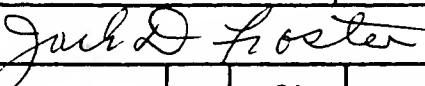
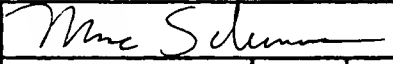
002022-9626260

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Steven M.				Clark			
Inventor's Signature				12-14-99		Date	
Residence: City	Palo Alto	State	CA	Country	US	Citizenship	US
Post Office Address 986 Celia Way							
Post Office Address							
City	Palo Alto	State	CA	ZIP	94303	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack D.				Foster			
Inventor's Signature				12-14-99		12-14-99	
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address 856 Renetta Court							
Post Office Address							
City	Los Altos	State	CA	ZIP	94024	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Marc R.				Schuman			
Inventor's Signature				12/14/99		12/14/99	
Residence: City	San Francisco	State	CA	Country	US	Citizenship	US
Post Office Address 1550 9th. Avenue, No. 2							
Post Office Address							
City	San Francisco	State	US	ZIP	94122	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

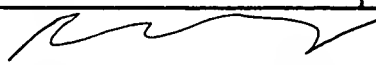
DO NOT SEE 660

Please type a plus sign (+) inside this box → ☐ +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0851-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname			
Rajiv				Ramaswami			
Inventor's Signature				Date		12/14/98	
Residence: City	Yorktown Heights	State	NY	Country	US	Citizenship	IN
Post Office Address	2480 Barry Court						
Post Office Address							
City	Yorktown Heights	State	NY	ZIP	10598	Country	US
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.